

Make checks/money orders payable to LDEQ and submit to the address above.

Louisiana Department of Environmental Quality OES - Permit Support Services Division Notifications & Accreditations Section P.O. Box 4313, Baton Rouge, Louisiana 70821-4313

SEWAGE SLUDGE HAULER NOTIFICATION FORM

*Please be aware that the Selected Receiving Facility must possess "both" the Requested LPDES permit and Sewage Sludge & Biosolids Use or Disposal permit or the Receiving Facility has submitted the proper Notification or Permit Application to LDEQ-Water Permits Division.

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Fees: Initial - \$100 Renewal - \$100 (Mark appropriate box - Renewal applications due May 1 st of each y			ear)	AI No: Site ID No: Date:	Amount:	
I. Applicant Information	(Print Legibly or	Type)				
Name of Hauler:			AI No		Site ID No.	
			(Complete, if Renewal)		(Complete, if Renewal)	
Hauler Physical Location/Street Address:			Contact Name & Title:			
City, State, Zip:	Parish	(physical site):	Contact Phone:		Contact Fax:	
Hauler Mailing Address:			Contact Email Address:			
City/State/Zip:						
City/State/Zip.						
II. Type of Sewage Sludge	e to be Hauled	(Check each ap	plicable line	or box)		
 ☐ Sewage Sludge from wastewater treatment plants ☐ Domestic Septage ☐ Portable Toilet Waste ☐ Grease Waste Mixed with Sewage Sludge ☐ Biosolids (Prepared Sewage Sludge) 			Annual Amount of Sewage Sludge Hauled per Year: Gallons per Year Tons per Year			
III. Vehicle Information (number, and name of register					cluding make, model, year, license ssary)	
No. of Vehicles: * (Attach a picture or diagram of each vehicle)						
Make of Vehicle	Type of Vehicle	Model No.	Year	License Numbe	r Registered Owner/ Hauler	

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IV. Information Pertaining to Receiving Facility Where the Sewage Sludge will be Hauled (If this Section is

		AI Number:			
Receiving Facility Physical Location/Street Address:		Contact Name & Title:			
City, State, Zip:	Parish (physical site):	Contact Phone:	Contact Email:		
Receiving Facility Mailing Ad	dress:				
City/State/Zip:					
			will be Hauled (If this Section		
Name of Receiving Facility: Receiving Facility Physical Location/Street Address:		AI Number: Contact Name & Title:			
 	dress:				
City/State/Zip:					
V Contifications I have a	aw that this information is	true, accurate, and complete	rmation submitted, and I here e to the best of my knowledge including the possibility of f		
certify under penalty of l	significant penalties for su	-			
certify under penalty of l am aware that there are		Print Name and Title	Date		

For information regarding submittal of this form, phone (225) 219-3253

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